Developments

Volume 27, Issue 3 | Winter 2007/2008

Insights From the Conference: IOS 2007

In the final week of November 2007, nearly a thousand people from across Canada—including more than 400 addiction professionals from Alberta—met in Edmonton for the second national Issues of Substance (IOS) addictions conference.

The conference's theme, "Shaping the Future," turned out to be a more fitting choice than even the organizers could have anticipated.

For one thing, IOS 2007 was a truly national conference. Addiction professionals from British Columbia to Nova Scotia to Nunavut came together to talk about issues and share ideas, with the goal of translating new research and promising practices into more effective programs and better treatment outcomes for the people they serve. The amount of networking going on, and the level of participants' interest in each other's work, made it clear that national collaboration will be a big part of the future of addiction services in Canada.

It was also clear that the future will be shaped by issues of substance far broader than substances themselves. Discussions of problem gambling, criminal behaviour and mental illness figured prominently in several presentations alongside discussions of substance use.

But it was the shape of the immediate future that emerged as a top-of-mind issue for many participants. A topic of considerable discussion throughout the conference was the federal government's announcement of a National Anti-Drug Strategy—a strategy that some saw as heralding an alarming policy shift away from looking at addiction primarily as a matter of public health, especially when it came to the conspicuous absence of harm reduction as a strategic pillar.

Much of the discussion about this apparent new direction started after Dr. Mark Kleiman's opening keynote address, entitled "A New Course for Drug Policy: Beyond Panic and Indifference." As Kleiman himself noted, his address was intended mainly for American audiences, as a policy prescription for a new alternative to a failed war on drugs. Nevertheless, Kleiman's speech galvanized the mostly Canadian audience at IOS 2007, sparking debate and setting the tone for the conference. Over the next three days, the conference provided a forum for addiction professionals to expand their knowledge on a wide range of topics, to challenge their assumptions, and to explore how addiction services fit into the social and political contexts in which they operate.

This issue of *Developments* is inspired by presentations from Issues of Substance 2007 that illuminate three of these contexts. First, we take a closer look at Mark Kleiman's provocative keynote address. In the second article, we interview a researcher from the Addictions Foundation of Manitoba whose team has taken an innovative approach to surveying a hard-to-

reach population. Finally, we review highlights of a group discussion from a session whose topic was chosen by the conference participants themselves.

Notes From the Future? Dr. Mark Kleiman's Policy of Pragmatism

by Deirdre Ah Shene, AADAC senior editor

If you haven't heard Mark Kleiman's ideas before, you're bound to find some of them shocking. Kleiman is a professor and director of the Drug Policy Analysis Program at the University of California Los Angeles School of Public Affairs, but has a background in the United States Department of Justice. He was the opening keynote speaker at the Issues of Substance 2007 conference.

The audience was keen to hear what he had to say. He came from a country where enforcement has the greatest emphasis in drug policy, and in the previous month we had heard our own prime minister announce "tough new anti-drug laws."

Kleiman isn't opposed to tough laws on principle, but he is very particular about how they are applied and he is very clear that tougher laws have a cost. He seeks a middle way, sometimes advocating tighter laws and stronger enforcement, sometimes calling for less restriction. Whatever he suggested, he stayed true to what he sees as the final goal of drug policy: to limit the damage that drug use does to users and other people, and to limit the damage done by drug control policies.

Controversial ideas about complex problems

Kleiman spoke as someone who has witnessed the failure of drug policy in the U.S., a country with the worst drug problem in the industrialized West, in spite of a "war on drugs" that has lasted for 36 years and is now costing over $30 billion annually. Many in the audience knew that this war has contributed to the U.S. imprisoning a greater proportion of its population than any other industrialized nation (and more people in raw numbers than even China, the most populous country in the world). We have heard about the costs in civil liberties and in lives, with people being killed or injured by law enforcers in mistaken drug searches. And Kleiman acknowledged that "taking drug policy advice from a resident of the U.S. is like taking advice about marine architecture from the firm that designed the Titanic."

Actually, it's more like hearing from a group of engineers who survived the Titanic, because Kleiman has a very clear vision of what works, what doesn't work, and what needs more research. He confined his comments to intoxicants, although he has written about non-intoxicating drugs like tobacco elsewhere.

If Kleiman were our Platonian philosopher-king, drug policy would not try to eliminate all use of drugs, or even all use of illicit drugs, since humans seem to be hard-wired to use drugs. Instead, drug policy would deal with the legal intoxicant, alcohol, as much as any other drug, since alcohol does greater harm than all the others combined. It would focus the efforts of prohibition and enforcement on the areas in which they are most effective, and it would limit the amount of harm the population suffered as a result of prohibition and enforcement. Drug

policy would treat different drugs differently according to the amount and types of harm they cause, according to how commonly they are used, and according to the potential benefits they offer. More would be invested in stimulating people's personal efforts to quit harmful substance use, and some people would be forced to remain abstinent.

His ideas, as he says, are controversial, but the facts on which they are based are not. His pragmatic pursuit of the goal he sets for policy is the hallmark of every suggestion. He respects the complexity of the issues and allies himself neither with the camp that thinks drugs are evil nor with those who would legalize all recreational drugs.

To the latter group, he points out that prohibition does work to some extent: it makes drugs more expensive and less available. On the other hand, it creates illicit markets, which in turn create crime and disorder. (As Kleiman has said elsewhere, if you run an illicit business, you can't look to regular law enforcement, so your business almost necessarily involves violence to ensure payment.) As we have seen in the U.S., prohibition can also lead to high rates of imprisonment, which is expensive. The U.S. has also found that the sheer volume of arrests has meant that other criminals sometimes go free for lack of jail space, no matter how many new prisons are constructed.

Focusing on what we can change

Kleiman has a better idea: imprison only the dealers who use violence, are flagrant in flouting the law, or employ youth as "apprentice dealers." Sentencing would not be based on how much people sell, but on how they conduct themselves.

He actually recommends lowering minimum sentences so that appreciably different sanctions can be applied according to the amount of actual harm a dealer causes.

In support of this, Kleiman points out that the U.S. experience demonstrates that drug use is unchanged by a high rate of imprisonment of dealers. Locking up dealers simply means that another dealer gets more business or more dealers are recruited, because the demand for their services continues. By being selective about whom we imprison, we could end up with a win-win situation: fewer dealers in jail, drug markets not noticeably different, but less violence and ancillary harm to the community.

What sounds somewhat more alarming to those of us in the audience from addiction agencies is the idea that we should coerce drug-involved offenders to stop their use. By frequently testing criminals who use drugs and briefly jailing those who are not abstinent, we would focus intensive effort on the small proportion of the population that causes the most harm when using drugs. This has been tried in Hawaii, where the rate of positive drug testing among clients has been reduced by 80%.

Kleiman also supports the "low-arrest crackdowns" that have succeeded in several U.S. cities: police developed criminal cases against active dealers of a specific drug, then called them in for a meeting and told them that if they did not immediately stop dealing they would be arrested and sent to prison based on evidence already collected. It's easy to replace one dealer, but when all the dealers stopped at once, two things happened: any new dealer trying to enter the market was now easy to target, and the buyers stopped coming. This reduced the harm to the community from the violence and crime that attends flagrant dealing in the streets.

Many, of course, started dealing in more discreet ways, but the main goal of limiting harm to the community was achieved, at much less cost to the community than the huge protracted crackdowns that most U.S. jurisdictions have employed, involving loss of innocent lives, risking the safety of police officers, and costing much in police and court time. "There was no evidence that there is less drug abuse, but every evidence that the streets are safer," says Kleiman.

It may seem a kind of defeatism to accept that use and dealing will both continue. But the U.S. experience demonstrates that we cannot lock up all dealers and we cannot stop all use. Kleiman forces us to face the fact that the overall problem is large and slippery, and we have limited resources to deal with it. It will never completely disappear, and we must focus on what we *can* change. Intensive crackdowns can work for newly emerging drug markets, Kleiman says, but for drugs that already have a well-established market, enforcement dollars are largely wasted because seized drugs and imprisoned dealers are soon replaced.

A middle way for marijuana?

Kleiman's stance on the prohibition of marijuana is as nuanced as his approach to drug dealing. While acknowledging that marijuana is probably the least dangerous intoxicant, he warns against complete legalization of its use and sale. Legalization leads to commercial marketing, which leads to wider use and greater numbers of addicts. Although use of marijuana is relatively benign, it is the illegal drug most likely to be used by youth. Unlimited intoxication is not something we want to encourage in anyone, but especially not in children.

Kleiman's middle way for marijuana is a policy unlike anything he proposes for any other drug: allow people to grow marijuana for their own use and to give away, but prohibit sale. Some private sales may happen anyway, but the kind of mass marketing that has in the past succeeded in increasing alcohol and tobacco sales would be avoided. Criminal activity and profits proceeding from illegal sale of marijuana would be slashed to almost nothing, and people would not go to jail for choosing medical or recreational use of a relatively benign drug. Again, the objective is to reduce the damage done, not to eliminate all possibility that laws are broken.

Kleiman feels that when laws like those against marijuana use are widely disregarded, lawbreaking is trivialized. He applies a similar logic to support one of his most controversial proposals: no minimum drinking age. "A law that most people break," he says, "is a bad law." And he is willing to make this suggestion in spite of acknowledging that there is good evidence that age restrictions decrease drunk driving and other alcohol abuse by under-aged youth. He offers other ways of reducing under-aged drinking problems, namely raising alcohol taxes, investing in prevention efforts, lowering the allowed blood alcohol content for motor vehicle operation, and punishing bad behaviour with suspension of drinking privileges.

"Deny alcohol to bad drunks."

Suspending the privilege of drinking alcohol is another example of Kleiman's proposed measures to change the behaviour of those who do the most damage. In Kleiman's own words, "Deny alcohol to bad drunks." He suggests requiring that drivers' licences also bear legal permission to buy and consume alcohol. People convicted of certain alcohol-related offences (impaired driving, assault, repeated vandalism or disorderly conduct) would lose this permission and alcohol vendors would refuse them service. Although "bad drunks" may still

find others to supply them with alcohol, they would have difficulty drinking in bars or restaurants. They would thus be less likely to drive while intoxicated or to otherwise be a danger to the public.

What about treatment and prevention?

Kleiman's ideas on treatment were among the most controversial at the conference, given that most of the audience worked for addiction agencies. He is concerned with putting effort where it has the greatest effect, and feels that we have not made enough effort to encourage what he calls "spontaneous desistence."

"Among problem users," he told us, "most recover fairly quickly and on their own." He suggests that the medical profession in particular could help persuade many people to quit abusing alcohol and other drugs on their own initiative. He also quoted an example of a clinic that passed out brochures on quitting to people on their waiting list. The recovery rate of those on the waiting list was the same as those actually in treatment. Kleiman recommends publicizing the possibility of recovery without professional help, and thus increasing the already high rate of people attempting to quit on their own.

Working for an addiction agency, I realized, gives me the impression that our clients are representative of the population of drug users. However, as Kleiman says, they are actually a subsection of a tiny percentage of the people who are using drugs, and they are even a small percentage of those who are abusing them.

"Of those who have met diagnostic criteria for substance abuse disorder during their lifetimes," Kleiman has written, "fewer than a quarter still do, and only a tiny proportion of those who recovered have ever been treated professionally."

It is hard to hear this without feeling that it devalues the work that counsellors do, with considerable dedication and very often at some personal cost. I am sure that those in enforcement feel the same way when Kleiman discusses the futility of drug seizures and arrests of nonviolent drug dealers when use of the drugs involved is already well established.

Kleiman does see value in treatment: People who get treatment are almost always better off afterwards—even if only temporarily, and even if drug use does not completely stop—and their behaviour generally improves. Treatment is justified by the harm it prevents, and it thus pays for itself.

The treatment he is happiest to support is opioid substitution therapy, which he says works "extremely well," both in terms of clients staying on the program and in terms of decreased harm to clients and the community.

Prevention gets a rougher ride from Kleiman. "Preventive education is inexpensive," he says, "but has only modest effects." (He allows a possible exception for alcohol, specifically drunkenness.) He singles out the DARE (Drug Abuse Resistance Education) program: "DARE has zero effect," he says. "Effective prevention can reduce initiation by as much as 20% at best."

Kleiman did not have time to elaborate on this at the conference, but elsewhere he has warned against simplistic prevention messages, for example "that all drug use is abuse and that

cannabis is as dangerous as any other drug."

It was a rousing start to the conference. Kleiman thinks about a bigger picture and comes from a more severe situation than most of us face in our day-to-day addiction work. I felt inspired by his dedication to the prevention of harm to both users and others, and his willingness to offer unpopular solutions if they serve that cause. I felt reassured by his pragmatism. But it was difficult not to feel disappointed in the lukewarm nature of his support for the bread and butter of addiction professionals' work: treatment and prevention. It is also true that some of his observations are not as true in Canada as they are in the United States: Canadian agencies have never been forced to "just say no" and employ other simplistic prevention approaches.

The discussion that followed Kleiman's talk showed that some of my fellow conventioneers were as provoked by his ideas as I was. However we respond to his ideas, they come from an excellent grasp of the research into the experience of our U.S. neighbours and they can inform the way we apply our "tough new anti-drug laws." Kleiman has a rare combination of respect for law and respect for civil rights, counting "restricting autonomy and denying harmless pleasure" as disadvantages of control regimes, and lawbreaking as harmful in itself.

The time allowed in a keynote address was not enough to explain an outlook as large and original as Kleiman's, nor is this article. For deeper discussion, more evidence and more of Kleiman's provocative thoughts on drug policy, check out the links below.

Related information

http://www.the-american-interest.com/ai2/article.cfm?Id=224&MId=7
Kleiman's own article in *The American Interest* magazine

http://www.pbs.org/wgbh/pages/frontline/shows/dope/interviews/kleiman.html
A PBS interview about Kleiman's views on marijuana policy

http://www.samefacts.com/archives/drug_policy_/2008/01/compassion.php
A blog post by Kleiman on opioid substitution therapy

Street Research: Reaching At-Risk Youth Where They Live

by Sean Townsend, AADAC writer-editor

Street-involved youth are at high risk for a number of health and social problems. Unfortunately, the same factors that put them at risk also make them one of the hardest groups for health service providers and researchers to reach.

But as Dr. David Patton's presentation at Issues of Substance 2007 showed, researchers are meeting this challenge by working with front-line service providers to learn more about the lives these marginalized youth lead, and the challenges they face.

Patton, director of research and quality monitoring with the Addictions Foundation of Manitoba (AFM), is one member of a team of researchers involved in an ongoing study of street youth in

the Winnipeg area.

Patton says there are two main reasons it's important to gather data about street youth: "First, they are an often overlooked group. Usual surveys of this age group [youth and young adults] are either school or telephone surveys; both don't capture these folks. Second, they are at high risk for a number of problems, yet rarely seek services for these problems."

To recruit a representative sample of street youth for the AFM study, Patton and his colleagues took to the streets, connecting with youth who frequented three Winnipeg youth centres. They also used a recruiting technique called the "snowball" method: youth who completed an interview were asked to pass along information about the survey to friends who would qualify for participation.

Another technique they used—a $25 honorarium offered to street youth as an incentive to participate—turned out to be contentious, even though such financial rewards are standard practice in conducting surveys. Patton says he was neither surprised nor dissuaded by criticism that giving money to street youth would be tantamount to buying them drugs: "I responded by saying that payment was the only way we could get [the youth] to talk to us. Using gift certificates for malls may not be appropriate because the youth may not have bus fare to get to malls; food gift certificates might work, but if the youth want drugs more than food they will sell these (usually for less than face value). My preferred option was to treat them like adults, and let them earn the money and spend it as they see fit, without making any judgments."

The data from Patton's research, like results from similar surveys that have been conducted in Canadian cities, add up to an unmistakable conclusion: many street youth are contending with a staggering array of severe problems in every aspect of their lives.

- **Family relationships** are often physically and sexually abusive, to the point that many street youth say home is not somewhere they feel safe. In the Winnipeg study, 49% of males and 59% of females reported being physically abused growing up, and 45% of females and 12% of males reported sexual abuse. Almost all said the abuse had started by the time they were 11 years old.

- **School life and work life** are also problematic for street youth. Despite an average age of 21 for males and 19.5 for females who participated in the Winnipeg study, three-quarters of the sample did not have a high school diploma. And although most participants had held a job in the previous year, only 34% of males and 22% of females cited work as their main income source. Other income sources included government support (through welfare, employment insurance or other means), panhandling, and getting money from family or friends.

- **Substance use** was almost universal among the youth surveyed. Almost all used alcohol and cannabis regularly, and use of hallucinogens such as magic mushrooms was also common. Methamphetamine use, a major focus of the survey, was also quite common: about one-fifth of the youth surveyed reported using it daily. (In his IOS 2007 presentation, Patton noted that given many of its effects—alertness, wakefulness, euphoria, elevated body temperature and decreased appetite—methamphetamine may be a particularly desirable drug to youth trying to cope with life on the street.) Injection drug use was a significant pattern among the youth surveyed. About one-quarter had

injected drugs in the previous year, and about one-third had injected at some time in their lives. Many of the youth who reported injection drug use, particularly females, said they did not use safe injection practices.

- **Mental illness** was also commonly reported by the youth. Many reported having a diagnosed mental illness, and interviews conducted as part of the study suggested that almost all had symptoms of at least one mental illness. About half of the youth surveyed had symptoms suggestive of major depression and antisocial personality disorder, and about two-thirds had symptoms suggestive of lifetime psychosis. Many of the youth reported having suicidal thoughts, and of those youth, nearly half were considered to be at high risk of attempting suicide.

When asked whether he noted in these street youth any strengths that help them cope with such overwhelming circumstances, Patton offers a strikingly ambiguous answer: "The main strength is that they are still surviving, given some of the horrendous backgrounds that they have."

The work of researchers like Patton and his AFM colleagues could be an important step in giving street youth a hand up in their struggle for survival. Besides providing vital information at the local level, it corroborates findings from other provincial and national research, adding to an emerging body of literature on street youth in Canada. This evidence is a foundation for programs and strategies that may have a stronger likelihood of both reaching street youth where they live and having positive effects on how they live.

The Winnipeg study has also contributed to practical benefits from a treatment perspective. Partly as a result of the findings, AFM received funding from Manitoba Health for two full-time counsellors to work closely with agencies that serve street youth in Winnipeg and Thompson. The counsellors provide outreach, assessment, substance use counselling and referral services.

Patton says the survey may even have had direct benefits for the youth who participated: "Some of the youth were surprised by some of their own answers. There was a story in the local paper about one young woman who realized following her interview that she was addicted to meth—hearing herself talk about how frequently she used meth made her realize this—and she got off it, got a part-time job and was working at getting back into school."

As for the future of the AFM Street Youth Survey, Patton and his team are continuing with their research. "We have recently completed this study again and are in the process of writing up the results," he says. "The intent is to do this every couple of years, as a way of monitoring a high-risk group with respect to addictions."

By literally meeting street youth where they are, researchers like Patton and his colleagues are helping service providers to understand, anticipate and accommodate the complex needs of a group of young people who deserve not only our concern, but also our compassion and our collective support.

Related links

Adolescence Without Shelter: A Report on the Addictions Foundation of Manitoba Street Youth Survey

Dr. Patton presented this three-page paper at Issues of Substance 2007, highlighting findings from the AFM Street Youth Survey.

Adolescence Without Shelter: A Comprehensive Description of Issues Faced by Street Youth in Winnipeg
This 63-page report contains a detailed discussion of findings from the AFM Street Youth Survey.

Street Youth in Canada: Findings From Enhanced Surveillance of Canadian Street Youth, 1999–2003
This national report from the Public Health Agency of Canada presents findings from surveys of street youth in Edmonton and six other major Canadian cities.

Toronto Street Youth Stories
This website showcases poetry, prose and visual art created by street youth who took part in a series of writing workshops in the summer of 2007.

Whose Ideology Is It Anyway? A Group Discussion

by Sean Townsend, AADAC writer-editor

Ideology: *a system of ideas or way of thinking, usually relating to politics or society, or to the conduct of a class or group, and regarded as justifying actions, especially one that is held implicitly or adopted as a whole and maintained regardless of the course of events.*

Evidence: *the available facts, circumstances, etc. supporting or otherwise a belief, proposition, etc., or indicating whether or not a thing is true or valid.*

—Canadian Oxford Dictionary

On the final morning of Issues of Substance 2007, two "Shaping the Future" discussion sessions took place that weren't listed on the conference program. The session topics had been chosen during the conference, based on what participants were most interested in talking about.

I attended one of these sessions, drawn by the promise of stimulating conversation about the topic the participants had chosen: "Balancing Ideology and Evidence in Federal and Provincial Policy Development."

This topic had clearly been on many participants' minds throughout the conference. In October 2007, the month before IOS 2007, the federal government had announced its new National Anti-Drug Strategy. Many in attendance at Issues of Substance felt that the new federal strategy was based more on ideological premises than on scientific evidence for effective approaches to preventing and reducing harm related to substance use.

The strategy and its policy implications were high on the discussion agenda. But as the session unfolded, it became clear that there was more to this topic than how addiction service

providers relate to governments. Participants also had much to say about how they relate to the public, and to each other.

Shaping the discussion

All of the "Shaping the Future" sessions used an adaptation of the World Café technique for facilitated discussion. In roundtable groups of eight to 10, participants discussed four related questions:

- Coming out of this conference, what are the key issues and concerns that have emerged for you?
- The future. Think big: 10 years or more from now, what should it look like?
- What steps could we start taking now to get there?
- What contributions can you make to move us further along the way?

The conversations that flowed from these questions highlighted a remarkable range of perspectives. Group members were encouraged to move among other groups to keep the discussion fresh. At various points, my discussion group included an addiction counsellor, a health-care professional, a harm reduction advocate, a halfway house manager and a website administrator, among others.

The following is a summary of the main themes that emerged during our group discussion. (For a complete summary of the group discussions from this session, see the "Related Information" links at the end of this article.)

Question 1. Coming out of this conference, what are the key issues and concerns that have emerged for you?

"Which way is the ship turning?"

Like other groups, our group expressed the common concern that, more than any other, had determined the topic of this session: namely, that the new federal "anti-drug" strategy in Canada heralded a significant policy shift toward something reminiscent of the "war on drugs" approach in the United States—an approach whose ideological basis, supply-side focus, lack of demonstrable success and staggering social and economic price tag have been the subject of increasingly critical commentary from policy experts (including Dr. Mark Kleiman, whose IOS 2007 keynote address is discussed elsewhere in this issue).

Implications of an anti-drug policy

Three implications of this apparent policy shift were also brought up in our group discussion:

- Some participants felt that harm reduction approaches were getting lost as an integral part of the national strategy, despite strong evidence for the effectiveness of such approaches.
- There was concern that the substantial research and effort that municipal, provincial and national organizations had invested in existing drug strategies might also be compromised.
- Several group members noted that organizations with direct ties to the federal

government might feel pressured to base their approaches on the current political ideology, rather than on the current evidence. One participant took this speculative concern a step further with a pointed question: "Will we find the moral courage to make statements that could threaten our livelihood?"

Collaboration or competition?

Another key issue our group noted was that collaboration between organizations seems to be diminishing. Some participants argued that there seem to be competitive struggles among organizations for limited funding, as opposed to a collaborative pooling of resources. Others noted that differences in philosophy and technical language may be contributing to a counterproductive "us versus them" mentality.

The discussion touched on several aspects of this competitive thinking, including tensions between

- enforcement and health agencies
- mental health and addiction professionals
- harm reduction agencies that define harm reduction in different ways
- people from different generations, both in the general population and in specific service organizations
- governments that provide funding, and helping professionals who rely on funding

Our group felt that an open and honest dialogue between organizations would be helpful not only in resolving these tensions, but also in improving formal strategic partnerships by giving all partners a chance to think outside the silos of their own professional specialties.

Question 2a. The future. Think big: 10 years or more from now, what should it look like?

As our group discussed this broad question, our focus shifted from service providers to society in general.

A new attitude in society

We looked forward to a change in societal attitudes about drugs and drug use. This change would include growing recognition that alcohol is the most dangerous yet underestimated of all drugs, that drugs are neither inherently good nor bad, and that all substance use must be carefully considered.

More evidence to inform choices

There was consensus that more evidence should be available to give people the means to make informed, healthy choices at a personal level about actions and consequences related to substance use. On a related note, one group member suggested that the research-to-practice gap should be narrowed by making researchers available to clients directly, and by holding researchers responsible for disseminating the results of their work to as many people as possible.

Destigmatization of addiction

We also agreed that efforts should be made to reduce the stigma of addiction, through measures such as integrating alcohol and other drug strategies; paying attention to relevant issues of sex and gender, homelessness and cultural diversity; and considering how the illegal status of some drugs may be contributing to stigma.

Question 2b. What steps could we start taking now to get there?

Speaking with a cohesive and coherent national voice

Like other groups, our group discussed the idea of forming an independent national coalition to advocate for an evidence-based approach to essential matters of policy and practice. We saw the Canadian Centre on Substance Abuse as having a potential lead role in this coalition.

Creating a harm reduction strategy

We felt that an important immediate priority is to develop a national harm reduction strategy that capitalizes on the work being done, and on the evidence for the effectiveness of that work. One aspect of a strategy would be to communicate the idea that a harm reduction philosophy is inclusive enough to incorporate a wide variety of specific approaches.

Finding collaborative champions

Another function we thought a national coalition could serve would be to foster better co-ordination between service organizations, and to reduce competition for limited funding. One suggested way to do this was to identify champions within existing systems to lead a process of co-ordination. We agreed that these champions need not necessarily be people at the top of corporate structures. We also thought it would be important to embrace cultural and organizational diversity as a strength, and to give equal weight to diverse points of view.

Question 2c. What contributions can you make to move us further along the way?

The most common theme that emerged from our group discussion was that we could each contribute by taking ownership of the problems we had identified, and by taking action on the solutions to those problems.

Becoming activists

Our group agreed that the most vital contribution we could make was to put our insider knowledge to full use by becoming activists on addiction issues at a personal level, both within our own organizations and within our other societal contexts. Constraints on service providers will always exist; what matters is how we respond to those constraints. We can see them as an opportunity to get creative and to preserve the idealism that to some extent drives us.

Challenging our own assumptions

Some members of our group noted the importance of questioning our own ideology before we automatically condemn any other ideology. For example, there was disagreement within our group about whether lifelong abstinence is the only viable option for long-term success in recovery. This disagreement was useful; it prompted us to think about the extent to which our

approaches are functional for us rather than for the people we're supposed to be serving. As one participant put it, "We need to be aware that we also may be clinging to ideology, however useful it may have been to us in the past."

Out of this discussion, a strong point of consensus emerged: to be effective as helping professionals, we need to understand that our role is to support people in making healthy choices, not to make those choices for them.

Defining a personal mandate

One of our group members had this memorable advice for increasing collaboration both within and between organizations: "Forget the phrase, 'It's not part of my mandate.'"

Working from that idea, our group determined that each of us had a stake in the future of addiction services, and that each of us could play a role as an advocate for evidence-based policy development at all levels. We acknowledged that we can influence our respective organizations in many ways, including some we haven't yet considered.

We also acknowledged that our influence could extend beyond our professional spheres. We discussed the ever-increasing accessibility and power of the Internet as a medium that empowers like-minded people to operate—and co-operate—both inside and outside formal systems.

In the days and weeks after the conference, still intrigued by the ideas we had explored in this session, I found myself coming back to the idea of making it a "personal mandate" to have an individual influence in balancing evidence with ideology.

As professionals, we have faster and easier access to more theoretical and practical research than has ever been available. But as several groups pointed out, evidence must be more than merely available: it must also be adapted to specific purposes and applied to specific audiences. Whether our audience is a client, a colleague, a government official, a reporter or a friend, how can we make the evidence meaningful and useful to that audience? It's a question worth asking ourselves. If we can find the answers, we can all help to shape the messages about substance use that will ultimately shape the future.

Related Information

Session Topic: Balancing Evidence and Ideology in Federal and Provincial Policy Development
This report is a full compilation of the group discussions that took place during the session described in this article.

Session Topic: Research, Policies and Programs
This report on another of the "Shaping the Future" discussion sessions highlights several similar themes from a research perspective.

Canadian Executive Council on Addictions
CECA is made up of senior executives from Canadian substance use agencies that have legislated federal or provincial mandates, or are recognized provincial authorities.

National Anti-Drug Strategy
This website provides information and updates on the Government of Canada's strategy for addressing public safety and health issues related to illicit drug use.

National Framework for Action to Reduce the Harms Associated With Alcohol, Other Drugs and Substances in Canada
Led by CCSA and Health Canada, this framework has been endorsed by more than 40 addiction organizations across Canada.

The Back Page

AADAC learning opportunities

Interested in increasing your addiction-related knowledge and practical skills? AADAC Learning Services provides opportunities for allied professionals to attend staff training on core addictions topics, delivered by AADAC instructors who have the expertise to provide an excellent learning experience.

Mark your calendars for these upcoming AADAC courses:

Concurrent Disorders: Building Capacity

Course dates and locations
Edmonton:

April 3–4, 2008 (two days)
9 a.m. to 4 p.m.

Learning Services Large Training Room
Associated Engineering Plaza
1210, 10909 Jasper Avenue NW

Grande Prairie:

April 10–11, 2008 (two days)
9 a.m. to 4 p.m.

Room 9, AADAC Northern Addictions Centre
11333-106 Street

Course description
Many people who seek addiction services also have mental health concerns, and vice versa. This introductory-level course will help allied professionals gain knowledge about concurrent disorders. The course includes discussion of terminology, etiology and prevalence, with a focus on anxiety, mood, psychotic and personality disorders. An overview of screening and assessment tools and service delivery models is also provided, along with a discussion of issues related to concurrent disorders both in a specific AADAC context and the larger Alberta context. Case studies and interactive sessions are built into the course.

Overview of Addictions

Course dates and locations
Edmonton:

April 22–24, 2008 (three days)
8:30 a.m. to 4 p.m.

Henwood Treatment Centre Annex
18750-18 Street

Course description
In addictions services, it is important for all staff to have a shared understanding of addiction, whether or not they work directly with clients. This course to meet that need for non-clinical staff. Participants gain a common understanding of addictions through a consideration of individual perspectives, theoretical models and dimensions of addictions service.

Topics include the process of dependence and stages of change, as well as an overview of AADAC's service aims, principles and elements of treatment, and spectrum of services.

Where it is feasible, participants will have a chance to take part in discussion groups with clients and attend open meetings of Alcoholics Anonymous or Narcotics Anonymous.

Addictions Counselling Practices

Course dates and locations
Edmonton:

May 13–15, 2008 (three days)
8:30 a.m. to 4:30 p.m.

Learning Services Large Training Room
Associated Engineering Plaza
1210, 10909 Jasper Avenue NW

Course description
This three-day overview course is targeted primarily to the needs of addiction counsellors who are new to AADAC, and aims to help them in developing their existing skills. However, the course is also suitable for nurses, recreation therapists and other professionals who need a strong background in addiction counselling practices.

Topics include the nature of addiction counselling, ethics and confidentiality, the transtheoretical model of change, screening and assessment, treatment planning (including case management, harm reduction and relapse prevention), and co-existing issues.

Further information

Many other training courses are available through AADAC. For current course listings and online registration forms, visit our website at aadac.com and check out the latest Learning

Opportunities.

To find out more about these and other learning opportunities, you can also contact AADAC Learning Services:

E-mail: learning@aadac.gov.ab.ca
Phone: 780-427-7305
Fax: 780-427-0456

AADAC
ALBERTA ALCOHOL AND DRUG ABUSE COMMISSION

Suite 200, 10909 Jasper Avenue
Edmonton, Alberta, Canada T5J 3M9

ISSN: 1712-1736
